

NEWSLETTER



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INFORMATION PRESCRIPTIONS FOR PEOPLE WITH DIABETES

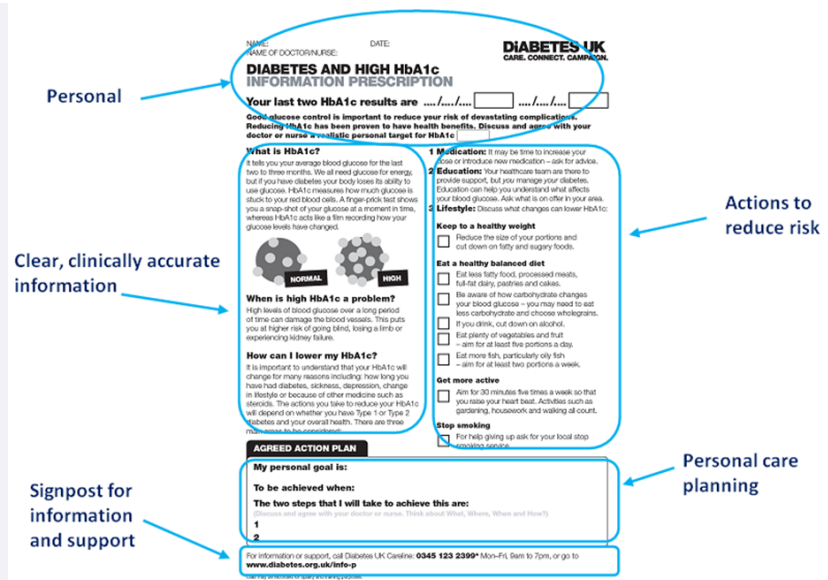
Diabetes UK have produced 'Information Prescriptions' for patients with diabetes for:

1. High blood pressure
2. High cholesterol
3. High HbA1c

They are written in plain English and clearly explain what high blood pressure, high cholesterol and high HbA1c is, and how not controlling these factors will affect their health.

In order to target those people who are most in need of this information, Diabetes UK has an agreement with GP clinical systems [SystemOne (TPP), Vision (INPS), EMISWeb and is currently working with Merlok] to embed the 'Information Prescriptions' in primary care IT systems.

If a patient falls outside the NICE recommended targets for any of these three outcomes, the system produces a pop-up alert on opening the patient's medical record. The pop-up will link to the appropriate 'Information Prescription' with the patient's information auto-completed (i.e. no searching for documents or transcribing of patient information required).



**Personal** (points to patient name and date fields)

**Clear, clinically accurate information** (points to the 'What is HbA1c?' and 'When is high HbA1c a problem?' sections)

**Signpost for information and support** (points to the 'AGREED ACTION PLAN' section)

**Actions to reduce risk** (points to the '1 Medication', '2 Education', and '3 Lifestyle' sections)

**Personal care planning** (points to the 'AGREED ACTION PLAN' section)

Action

- For instructions and more information on installing 'Information Prescriptions' in GP clinical systems go to: <https://www.diabetes.org.uk/info-p-ga>

REMINDER: REMOVE FROM CLINICAL SYSTEM WHEN GP RETIRES

A lot of GPs retire at the end of the financial year. Practices are reminded that when a GP leaves a practice, his/her user account on the clinical system should be deactivated. If an account is still active, then repeat authorisations could go through with his/her cipher number. This will delay processing of prescriptions at BSO as the GP will have been removed from the Primary Medical Performers List.



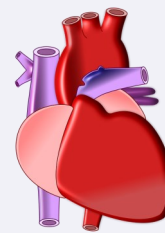
TRAVEL VACCINES: PRIVATE OR NHS PRESCRIPTION?

For a useful summary, please see Medicines Management [Newsletter September 2014](#) on NI Formulary website. Detailed information can be found on the Primary Care Intranet Travel page, under the Pharm&Meds Management> Resources tab. This includes a patient information leaflet which lists the vaccines available on the NHS and those which are not. This guidance was agreed by GPC, legacy Board LMCs and DHSSPS (2006).



## TICAGRELOR - ARE YOU PRESCRIBING BEYOND 12 MONTHS?

Ticagrelor, co-administered with low-dose aspirin, is indicated for the prevention of atherothrombotic events in adult patients with acute coronary syndromes (ACS), defined as STEMI, NSTEMI or unstable angina. Patients with ACS who receive ticagrelor and aspirin may receive drugs only (medical management) or may also undergo revascularisation with PCI or CABG.



**NICE recommend ticagrelor for 12 months — beyond this duration of treatment experience is limited** <https://www.nice.org.uk/guidance/ta236>. In patients with ACS, premature discontinuation with any antiplatelet therapy, including ticagrelor, could result in an increased risk of cardiovascular death, or myocardial infarction due to the patient's underlying disease. **Therefore, premature discontinuation of treatment should be avoided** (unless under the direction of an interventional cardiologist).

### Action

- Identify all patients currently prescribed ticagrelor (remember to search for the brand name, Brilique<sup>®</sup> also).
- Determine duration of prescribing and check compliance if patient has not gone beyond 12 months.
- Contact patient if compliance is an issue within the 12 month period. Check hospital communication for any intentional discontinuation.
- Use the 12 month period as a trigger for review – most clinical systems can add a 'review' date to the directions of the drug.
- If prescribing has gone beyond 12 months, discuss the possibility of discontinuation with cardiology.

## NEW NICE GUIDANCE

Service Notifications issued in Northern Ireland for the following:

**NICE TA374** — Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy.

## MANAGED ENTRY DECISIONS

The following medicines were considered in May as part of the Northern Ireland Managed Entry process. **For details of the outcomes please refer to the Managed Entry section of the Northern Ireland Formulary website:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

### Primary and Secondary Care

- Alendronic acid (Binosto<sup>®</sup>)
- Camellia sinensis (green leaf tea) (Catephen<sup>®</sup>)
- Canagliflozin, dapagliflozin and empagliflozin (monotherapy)

### Secondary Care

- Adalimumab, certolizumab pegol, etanercept, golimumab and infliximab
- Golimumab (Simponi<sup>®</sup>)
- Ruxolitinib (Jakavi<sup>®</sup>)

This newsletter has been produced for GPs and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management pharmacists in your local HSCB office.

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### References

1. Diabetes UK <https://www.diabetes.org.uk/>.
2. BSO. Prescribing data for Northern Ireland, April 2015 —March 2016.
3. HSCNI NI Formulary. Medicines Management Newsletter, [Sep 2014](#).
4. HSCNI Primary Care Intranet. Pharm&Meds Mgt> Resources> Clinical Resources > [Travel](#)
5. NICE. [NICE TA236](#) Ticagrelor for the treatment of acute coronary syndromes, 2011.

**Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.**